Periodic Health Assessment for Individual Medical Readiness OPNAVINST 6120.3A

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OPNAVINST 6120.3A OBJECTIVES

- List at least three requirements of the PHA OPNAVINST
- List 3 IMR elements
- Describe a process that could be used to implement the PHA at the command

OPNAVINST 6120.3A Supporting Instructions

- ASD (HA) Policy 06-006 of 16 Feb 06 Periodic Health Assessment Policy for Active Duty and Selected Reserve Members
- DoDI 6025.19 of 03 Jan 06 Individual Medical Readiness
- BUMED Note 6110 of 16 Feb 06 Tracking and Reporting Individual Medical Readiness Data

- **Seven of every 10 Americans who die each year, or more than 1.7 million people, die of a chronic disease.**
- **Chronic diseases account for 70% of all deaths in the United States**
  - **National Center for Chronic Disease Prevention and Health Promotion**

Major Causes Of Death

- Heart Disease
- All Cancers
- COPD
- Accidents
- Diabetes Mellitus
- Influenza
- Alzheimer's Disease
- Kidney Disease
- Others – HIV, Homicide, Liver Disease

- CDC, Most Common Causes of Death in US

America's "Real Killers"

- Tobacco
- Poor Diet
- Inactivity
- Alcohol
- Infectious Agents
- Polutants/toxins
- Firearms
- Risky Sexual Behavior
- MVAs
- Illicit Drug Use

PHA Purpose

- To ensure the medical readiness of Navy & USMC AC & RC Service Members
- Meets CNO & SG priority of Mission readiness – no ramp up: stay deployment ready
- Transition from episodic care to preventive health care

PHA Purpose

- Consolidates clinical preventive services, Occupational health & risk screening, HREC review, testing, treatment, specialty physical exams and deployment health assessment under an annual PHA

OPANAVINST 6120.3A INDIVIDUAL MEDICAL READINESS

- PHA is the process to capture, review, verify, and correct deficiencies in IMR data
- PHA is one of six IMR elements – will assess for changes in health status, especially those that could impact readiness

PHA Background

- 5-Year periodic physicals no longer required (MANMED Ch 15) - specialty physical exams have not changed (ex: flight, dive).

- PHA replaces the RC requirement for an Annual Certificate of Physical Condition.

PHA Implementation Guidance

- NAVADMIN Sep 05: Implementation Guidance for Navy Reserve Annual PHA Process

- PHA guidance available at http://www-nehc.med.navy.mil/hp/cps/pha.htm

PHA
Due Dates

- Implementation will begin 01 Oct 05 using the due date of the Reserve Component member/s next Certification of Health Condition (NAVMED 6120/3-short form) or periodic physical exam

- Full implementation was by 30 Sep 06

- Commands may use birth month recall to establish PHA cycles

Elements of the PHA Process

- Fleet and Marine Corps Health Risk Assessment or Health Assessment Review Tool (HART-R)
- PARF-Q
- Health and Dental Record (HREC/DREC) Review
- Clinical Stations
- IMR Requirements
- Health Promotion Counseling
- Clinical Preventive Services Recommendations
- Physical Fitness Assessment (PFA) Participation Approval
- Problem-Focused Physical Examination

Fleet and Marine Corps Health Risk Assessment

- Members will complete the Fleet and Marine Corps Health Risk Assessment (HRA)
  - Guidance posted at www-nehc.med.navy.mil/hp/hra/index.htm
  - HRA at http://164.167.141.46/pls/newhra/hra
  - HRA at http://nko.navy.mil under “Personal Development/Health and Wellness” page
  - Log in with RUIC, e.g., 89451
  - Command-appointed Administrators will manage process

Health Assessment Review Tool (HART)

- Health Assessment Review Tool (HART) required once available (will be on TOL)
  - Formerly the HEAR
  - Navy will use Readiness HART (HART-R) variant
  - PKC POC: Ollie Gray
    obg@pkc.com
    703 998-8400, ext 207

Health and Dental Record (HREC/DREC) Review

- Print DD Form 2766 prior to appointment (patient identification block, readiness, pre & post-deployment history pre-filled)
- Conduct HREC/DREC Review to determine any IMR Deficiencies (including annual dental examination)
  - Review Individual Medical Report
- Identify any unresolved health issues or incomplete health care

PHA COMPONENTS

- Blood Pressure
- Height, weight & BMI
- Visual acuity: if worse than 20/40 refer to Optometry
- Individual Medical Equipment will be verified and documented: if required, bring 2 pairs glasses, gas mask inserts, and medical warning tags to visit

PHA COMPONENTS

- Immunizations – at PHA: review & update to ensure deployment ready
- Required for IMR: Hepatitis (completed series), Inactivated Polio Vaccine, Tetanus/Diptheria, measles/mumps/rubella, influenza
- may have other specific

PHA COMPONENTS

- Laboratory studies: draw if due or due within the next 11 mos.
  - Basic labs to be deployable (Readiness labs): Blood type & RH, G6PD, DNA, and HIV

PHA COMPONENTS

- Tuberculosis Surveillance Screening: if due or due within the next 11mos
- Cardiovascular Risk Factors Screening: Framingham Risk Score is the preferred method

  - (NEHC PHA website)

PHA COMPONENTS

- PHA provides mechanism for clearance to participate in the PFA:
  - 12 mo clearance unless health status change.
  - member completes PARFQ (date of PHA on bottom of form).

PHA COMPONENTS

- Dental: dental readiness and classification will be recorded at the annual dental exam.
  - Synchronize with the PHA when feasible.
  - Member should remain Class 1 or 2 throughout deployment

Health Promotion Counseling

- Members will receive health promotion counseling for any risk behaviors identified from the Health Self-Assessment (Fleet HRA)
- Health Promotion educational material is available at http://www-nehc.med.navy.mil/hp
- Navy Knowledge Online at http://nko.navy.mil under “Personal Development/Health and Wellness Page
- Navy One Source Counseling Services at 1-800-540-4123
- On Fleet HRA Participant Report under each lifestyle behavior category

PHA COMPONENTS

- Deployment Health Assessment and Readiness (AC & RC):
  - Ask member about any deployments since last PHA – check for PDHA & PDHRA.
  - Assess for Deployment Limiting conditions: pregnant, limited duty, RC classifications – TNPQ, TNDQ

PHA COMPONENTS

- <u>Medication & Supplement Use:</u>

➢ Assess & review all medications & supplements.

➢ Document on the DD2766

➢ Ensure the service member is aware they should always have a 90 day supply

Problem- Focused Physical Examination

- If member identifies a specific health issue during the PHA, a credentialed Provider will conduct a problem-focused history and physical examination and provide follow-on care recommendations

Reserve Component Member Responsibilities

- Reports for PHA when scheduled
- Completes Fleet and Marine Corps HRA or the HART-R
- Completes PARFQ
- Report to appointment with any deployment-required medical equipment (e.g. medical warning tags, 2 pair eyeglasses, gas mask glasses, ballistic eyewear)
- Provide current medication and eye prescription

Reserve Component Member Responsibilities

- Provide medical documentation for any medical treatment provided by civilian healthcare provider since last PHA, including any follow-up care for chronic medical conditions (i.e. Hypertension, high cholesterol, Diabetes, back pain, etc.)
- Provide DD 2813 if used to meet Annual Dental examination
- Provide results of TB screening from civilian source if applicable
- Follow-up with civilian healthcare provider for any non-service connected health issues, clinical preventive services and PHA Provider recommendations

PHA COMPONENTS

- PHA Preformed:
  - PFA clearance
  - Clinical preventive services <u>recommended</u>
  - Specialty specific physical exams
  - PDHA & PDHRA review
  - IMR elements
  - Health Promotion Counseling

Documentation!!!

- MRRS, SAMS, AHLTA updated and member is Fully Medically Ready
- Eye and medication prescriptions in HREC
- NAVMED 6120/# completed, signed, and in HREC
- DD 2766, MRRS or AHLTA Generated", sections one through ten completed, reflects updated MRRS data, and in HREC
- Dental exam complete and member Class one or two

Follow-up Needed

- IF MEMBER STATUS IS OTHER THAN FULLY MEDICALLY READY, MEMBER IS AWARE OF REQUIRED ACTIONS TO RESOLVE ISSUES TO ACHIEVE FULLY MEDICALLY READY STATUS

Questions?